Canada Prenatal Nutrition Program
Programme canadien de nutrition prénatale

Community Action Program for Children
Programme d'action communautaire pour les enfants

CAPC/CPNP RENEWAL 2000 FINAL REPORT

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Childhood and Youth Division
Health Canada

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FOREWORD

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) are community based programs to ensure healthy birth outcomes and improve the health and development of Canadian children. CAPC and CPNP are making a difference, as demonstrated through evaluations at the national, regional and project levels.

While funding for the CAPC and CPNP programs are ongoing, projects are subject to a periodic and formal review. To ensure that projects are well managed, financially accountable, reflect the Guiding Principles and are continuing to meet their funded objectives, projects are individually assessed for renewal when existing contribution agreements expire and projects re-apply for funding. Renewal also provides Health Canada with valuable information and an opportunity to learn from the innovative work of projects and to share the lessons with other community based programs, federal and provincial government departments, organizations and policy makers. CAPC and CPNP completed their second Renewal in March, 2000; the first Renewal for CAPC took place in 1997 and for CPNP in 1998. Renewal is a "formal" cyclical exercise that is now a permanent component of the accountability structure for both programs.

All Health Canada regional offices produced Renewal Reports for the 2000 Renewal. This report is a roll-up of the regional reports to capture the learnings, policy implications, opportunities for improvement and actions to be taken over the next three years.[1] The report identifies the common themes and issues that projects are facing across the country or in multiple regions. An executive summary of each regional Renewal Report is contained in this document.

In addition to this report, a brief, friendly version will be developed and available in hard copy and on the Health Canada Web site for communities and other stakeholders.

Acknowledgements:

The development of this report, as with all parts of the 2000 Renewal Process, as a shared responsibility between Health Canada's national and regional offices. In recognition of the work accomplished by this "team of teams", the Renewal of CAPC/CPNP and a third community-based program, Aboriginal Head Start, received the 2000 Deputy Minister's Award for Team Excellence.

Special recognition must be given to the outstanding work of regional program consultants who guided and supported projects throughout the process and have participated in every part of the process.

[1] *Items in italics indicate actions to be taken over the 2000-2003 renewal period by the national office.*

Part A: The Context of Renewal

EXECUTIVE SUMMARY

THE NATIONAL RENEWAL FRAMEWORK:

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) are community based programs to ensure healthy birth outcomes and improve the health and development of children. While funding for the CAPC and CPNP programs are ongoing, project performance is assessed on a regular basis and when existing Contribution Agreements expire.

For the 2000 Renewal Process, projects had to demonstrate that they were: 1) adhering to the Guiding Principles, 2) reaching the target population, 3) well managed, and 4) effective.

WHAT WAS LEARNED:

Framework and operational process:

- Renewal is a useful process that ensures ongoing improvement and strengthening of Health Canada's community based projects.
- The national Renewal Framework achieved the desired balance of consistency across regions and flexibility to reflect regional differences.

Successes:

- Projects provide a hub for mobilizing communities to respond to the needs of children at risk.
- Participants are actively involved in program development, management, delivery and evaluation.
- Projects have formed strong, sustained partnerships with other community organizations.
- Projects are recognized as local centres of expertise.

Lessons:

- Sustained, core funding is key to effective community-based programs.
- The existence of a full time, paid coordinator is strongly linked to a project's success.
- Universality and targeting are not mutually exclusive. Many projects are universally accessible but make a concerted effort to attract the target population.

Challenges:

- Maintaining high program quality with fixed budgets and resources.
- Human resource issues: Retaining highly qualified staff; training and supervision in small, rural/remote projects.
- Participants are becoming more vulnerable due to social policy changes.
- Most issues (e.g. staff availability, transportation, partnership development) are more difficult in rural/remote areas.

Next Steps:

The Renewal Report identifies a series of actions to be taken that will be used to plan the next Renewal Process and improve program implementation and management. National and regional offices will jointly develop a workplan.

The Community Action Program for Children (CAPC)

At the 1990 United Nations World Summit for Children, the leaders of 71 countries came together to discuss their most vulnerable citizens. These countries made a fresh commitment to invest in their well-being. The Government of Canada responded to this challenge with a four-pronged plan called the Child Development Initiative (CDI). CAPC is the largest program in this initiative.

CAPC provides long term funding to community coalitions to establish and deliver programs and services that respond to the health and development needs of children (0 - 6 years) who are living in conditions of risk. These children are:

- living in low-income families
- living in teenage-parent families
- at risk of, or have, developmental delays, social, emotional or behavioural problems
- abused and neglected

Special consideration is given to Métis, Inuit and off-reserve First Nations children, the children of recent immigrants or refugees, children in lone parent families and children who live in remote or isolated communities.

CAPC projects provide parents with the support and information they need to raise their children. It recognizes that communities have the will and ability to identify and respond to the needs of children and places a strong emphasis on coalition/partnership building and community mobilization. Programs include established models (e.g. family resource centres, home visiting) and innovative models (e.g. prison-based parenting program, street level programs for substance abusing mothers).

The total budget for CAPC for 2000/2001 is $59.5 million annually; $52.9 million goes directly to CAPC communities in the form of contributions. Each province/territory receives a base allocation of $500,000 per year to allow for at least one major project of significant intervention. The remaining funding is allocated on the basis of the number of children aged 0 - 6 in each province/territory.

As of September 1999 there were 499 projects across Canada delivering a total of 1,904 programs in cities, towns and remote areas in every province and territory.

The Canada Prenatal Nutrition Program (CPNP)

CPNP was announced in July 1994 as one of the programs promised in Creating Opportunity (Liberal Red Book I). It is delivered through two parallel and complementary program structures within Health Canada: the First Nations and Inuit Component (FNIC), which serves pregnant women living in First Nations and Inuit communities, and the Population and Public Health Branch (PPHB) component which serves all Canadian women including First Nations women living off-reserve, Metis and Inuit pregnant women. For the purposes of this Renewal Report we will be referring only to the PPHB component.

CPNP is a comprehensive community based program to reduce the incidence of unhealthy birth weights, improve the health of both infant and mother and promote breastfeeding. It targets those women most likely to have unhealthy babies due to poor health and nutrition. They are:

- pregnant women living in poverty
- teens
- women living in isolation or with poor access to service
- women who abuse alcohol or drugs
- women living with violence
- women with gestational diabetes
- First Nations (living off-reserve), Métis and Inuit women
- immigrant and/or refugee women

CPNP projects have been developed based on an established base of essential program components. These include:

- prenatal supplements (food, prenatal vitamins)
- dietary assessment and nutrition counselling on food and healthy eating
- promotion of breastfeeding
- involvement of participants in planning and delivery of the program
- education on food preparation, budgeting
- preparation for labour and delivery
- support and counselling on lifestyle issues (stress, tobacco, alcohol consumption)
- social supports including counselling and education
- support for sufficient nutritious food through community activities
- linkages and referral to other community resources

The 1999 Federal Budget allocated an additional $75 million over 3 years to expand the reach and number of community based CPNP projects, strengthen the Canadian Perinatal Surveillance System and enhance efforts to address Fetal Alcohol Syndrome and Fetal Alcohol Effect. Of the total budget for CPNP in 2000/01, $27.3 million was allocated to PPHB stream of CPNP with $24.7 million going directly to communities in the form of contributions. These amounts will increase to $31.0 million and $27.2 million respectively by 2001/2002.

There are 277 CPNP projects funded by PPHB in more than 681 sites across Canada.

Federal/provincial/territorial (FPT) partnership

CAPC/CPNP are governed by administrative Protocols, signed at the Ministerial level, with each province and territory. The Protocols set out the terms and conditions for the management of CAPC and CPNP in each province/territory, identify funding priorities and demonstrate the commitment of the two levels of government to support communities for the benefit of children at risk.

The programs are jointly managed by the federal government and the provincial/territorial governments through provincially based Joint Management Committees (JMC)[2], with representation from provincial/territorial ministries and representatives, as appropriate, from community organizations. The JMCs determine how to best address provincial/territorial priorities and allocate CAPC and CPNP funds. As a result, there are significant differences between the provinces and territories with respect to project size, sponsorship and geographic distribution of projects. Quebec, for example, opted to fund numerous small projects, most attached to existing organizations (i.e. CLSC's), while Ontario funded much larger,

[2] In most jurisdictions the JMC is co-chaired by Health Canada and the province or territory.

comprehensive projects. However, the overall principles and objectives of the programs are the same in all provinces and territories.

CAPC and CPNP are delivered through Health Canada regional offices. Program consultants in regional offices are responsible for providing advice and assistance to projects and for monitoring project activities to ensure accountability for funds.

Guiding Principles

The common threads for all the CAPC and CPNP projects are the Guiding Principles that were contained in the CAPC design framework and later used in the design of CPNP:

- Children First/Mothers and Babies First
- Strengthening and Supporting Families
- Equity and Accessibility
- Flexibility
- Community-based
- Partnerships
- Evaluation

Accountability Measures Within CAPC/CPNP

CAPC and CPNP are assessed in 4 different ways:

- National evaluations look at the achievement of objectives, impact, process and demographic breakdown.

- Regional evaluations look at project activities and impact within both the national framework and with respect to regional priorities. The wealth of qualitative and quantitative data also provide regions with important information for management and planning.

- Individual project monitoring by Health Canada regional program consultants ensures that projects are well managed and financially accountable. Many projects conduct their own local evaluation. These evaluations are useful for improving individual programs and service delivery.

- Project Renewal focuses on the performance of individual projects and ensures that projects are doing what they were funded to do, reflect the Guiding Principles and are managed effectively.

The CAPC/CPNP Renewal Framework

The CAPC/CPNP Renewal Framework was developed by a national Renewal team which included program consultants from each region and was chaired by the national office. A comprehensive assessment of the initial Renewal Processes for CAPC (1997) and CPNP (1998) informed the approach and framework of the second cycle. Recommendations included:

- The framework should be based on a minimum number of broad national questions, reflecting the principles and mandates of the programs, thereby ensuring overall consistency across the regions.

- Flexibility to include regional expectations, based on priorities that have been determined by Joint Management Committees, must be built in.
- Regions should determine the tools and questions that will be used, consult with partners and determine the process for implementation.
- The opportunity to capture the learnings for program improvement and to inform future Renewal should be built in.
- Packages must get to projects sooner; timing needs to be clearly articulated and reasonable.
- A checklist/assessment form should be developed nationally for Program Consultants to complete for each project (to be adapted to reflect regional priorities).

The Renewal Framework reflected these key messages and set out four national expectations. Funded projects had to demonstrate that they were:

1) adhering to the Guiding Principles
2) reaching the target population
3) well managed
4) effective

Regional Children's Managers and Directors approved the Framework at the regional level. It was presented to the Branch Executive Committee for final approval in May 1999. The complete Renewal Frameworks for CAPC and CPNP are included as Appendix A.

Regions enhanced the national questions to reflect their priorities and used a variety of sources of information for assessment, including national and regional evaluation data, project files, site visits and project evaluations. Several regions involved their JMCs in the development of the Renewal Process and on Renewal Working Groups. The process for assessing projects varied considerably from one region to another. Ontario, for example, conducted structured site visits with each project, while the Atlantic region's process involved the submission of individual project evaluations.

The Renewal packages were ready for distribution to projects June 1, 1999. From June to March, 2000, CAPC/CPNP projects gathered and prepared Renewal data and completed three-year workplans and Renewal applications, and Program Consultants assessed projects based on the Renewal Framework.

By March 31, 2000, all CAPC/CPNP projects were assessed, Renewal recommendations were forwarded to JMCs for review and recommendations, contribution agreements were signed and the Renewal Process was completed for most regions. Of the 739 projects eligible for Renewal, 658 projects were renewed unconditionally, 61 were renewed with conditions and 20 were not renewed because they did not meet the Renewal criteria, did not re-apply or were designed to be time-limited.

Part B: What has been learned from Renewal 2000

I. The Process

Renewal – A useful opportunity to improve and strengthen projects

Although recognized by both regional office staff and projects as a challenging and time consuming process, Renewal was seen by the majority of those involved as important and useful. Consistent messages in regional Renewal Reports and from project feedback were that Renewal provided opportunities to take stock, learn and plan for the next three years. Renewal is more than an accountability exercise, it is a valuable tool for ensuring ongoing improvement and strengthening of Health Canada's community based projects.

"Thanks to Health Canada for listening to CAPC voices and being committed to a process that is meaningful. You took the fear out of Renewal by emphasizing the importance of learning".
Manitoba project

"Overall, a very helpful, useful process for our project. It focussed our group more and gave us clear direction on where to focus one's efforts in the community. It also provided an opportunity to work more closely and collaboratively with Health Canada". British Columbia project

"The Renewal period provided an opportunity for CAPC and CPNP project staff, advisory committees, sponsors and Health Canada to reflect on program strengths and best practices as well as to identify areas for improvement." Alberta Renewal Report

Both the application form and the assessment tool proved to be effective analytical tools for regions. Most regions supplemented the national tools. Manitoba developed a rating system for projects and the Atlantic Region developed project "checklists".

JMCs continue to play an important role in the management of CAPC and CPNP. Several JMC's were involved in the Renewal Process and played an active role in reviewing project applications and in making recommendations for Renewal .

"The JMC, within the past Renewal period, actually met with each CAPC site to discuss interim evaluation reports and general progress. This bears witness to the close partnership which exists between Health Canada and provincial departments and the rapport that has been established with sites".
Prince Edward Island Renewal Report

"The JMC played an active role in the Renewal Process". Quebec Renewal Report

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The Framework - The balance between consistency and flexibility

The Renewal Framework was generally well received. The strengths of the Framework include:

- providing the key component for decision making;
- including national questions with the opportunity for regional adaptation;
- allowing for regional determination of sources of information and process;
- flexibility; and,
- including summary and assessment sheets that reflected the national questions.

"Broad direction was provided through the Framework, which was flexible enough to allow the Evaluation Subcommittee to develop a Renewal application that was specific to the information needs of Saskatchewan." Saskatchewan Renewal Report

"The renewal of all CAPC and CPNP projects was done based on regional criteria specific to each of the 16 'Régies régionales' and developed from the national priorities mentioned earlier". Quebec Renewal Report

Several regions commented on the need to streamline and coordinate the different accountability and reporting mechanisms to reduce the workload on projects. This was particularly important for CAPC where the multiple levels of evaluation add to the responsibilities of project staff.[3]

"National, regional and local evaluation processes should complement each other and their results should be easily accessible to each level so that performance-related evidence is compiled for each project for Renewal purposes, but no duplication of data collection takes place." New Brunswick Renewal Report

Some regions felt the workplans contained in the Renewal package needed improvement and, as a result, developed their own formats to reflect regional priorities.

Actions to be taken:

- ***Ensure that project level data collected through the new CAPC National Program Profile (NPP) are available to projects and regional program consultants to streamline monitoring and reporting and to inform the next Renewal.***

- ***Ensure that the national workplan is improved by building on regional Renewal workplans.***

[3] The national evaluation tools for both CAPC and CPNP are currently being revised; the new National Program Profile (NPP) is expected to reduce respondent burden.

Administration of the Renewal Process - More time was needed

Renewal packages went out earlier than in previous years and the national Renewal package was available by the date requested by regions (June 1, 1999). Nevertheless, many projects and regional offices found the time frame too short. The process which takes place after applications are submitted, including assessing projects, making recommendations to Regional Directors and JMC's and, finally, preparing contribution agreements should be allotted six months. Regions that required projects to submit their applications by October 1999 appear to have been less pressed for time.

Some regions required more time to adapt the national Framework to reflect regional priorities and to involve regional working groups. Receiving the national Framework earlier would have provided more time to develop the Renewal application and to provide orientation and support to the project coordinators. Summer was also identified as an inopportune time to initiate the Renewal Process, given that project staff are on vacation and some projects or programs do not operate during summer months. For some regions the large number of projects to be renewed and the vast amount of information provided for Renewal were overwhelming. Quebec, for example, recommended 224 CAPC and 152 CPNP projects for Renewal. Based on the experience of the 2000 Renewal Exercise, Quebec has decided to begin planning for the 2003 Renewal immediately.

"We realised quickly that this was an enormous task and that we would need much more time and resources than what was available to us". Quebec Renewal Report

Action to be taken:

- ***Ensure that the national Renewal Framework will be included in the CAPC/CPNP Program Guidelines Manual (currently being developed) so that it is available to regions well in advance of the 2003 Renewal .***

Projects in several regions were given the opportunity to reflect and comment on the Renewal Process. Program consultants were consistently praised for their support, accessibility and understanding of projects.

"Health Canada staff have been consistently helpful and supportive." "Health Canada staff members work hard and we appreciate the efforts". British Columbia projects

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Contribution Agreement: Clarity is of the essence

There was confusion about the administrative requirements of the Renewal Process. Communication to regions relied on a series of e-mails to a changing group of people.

The contribution agreement is an important element of the Renewal Process. This contract, signed by both Health Canada and the project sponsor, sets out the obligations of both parties for the next Renewal period (April 2000 - March 2003). The responsibility for the generic contribution agreement and its addenda rest with the Management Planning and Operations Directorate (MPOD). Regional administrative staff had difficulty determining how and where to access information on issues such as the correct forms to use, if the forms could be adapted for regional use and the availability of forms in both official languages.

Action to be taken:

- ***National office will work with the Management Planning and Operations Division (MPOD) and regional offices to ensure that there is consistent and clear information with respect to the process, deadlines, the contribution agreement and signing authorities.***

II. Program Design and Policy Issues

The Renewal Framework outlined four national expectations that funded projects were required to demonstrate:

1) adherence to the Guiding Principles
2) reaching the target population
3) well managed
4) effective

The Guiding Principles - A strong foundation

CAPC and CPNP projects not only adhere to the guiding principles, some of the theoretical assumptions behind them are so widely shared that they seem self-evident to projects. The principles were frequently cited as the key to success for program management, capacity building, participant involvement and reaching those most at risk. As such, they are the foundation for CAPC and CPNP program development and delivery.

The principle of **"flexibility"** was cited most often in regional reports. It encourages projects to meet identified needs and to develop strategies to reach families that are least likely to use conventional family support services. As a result, projects are discovering innovative ways to meet challenging objectives such as reaching and involving pregnant and parenting teenagers.

> "The projects have been applauded by researchers, partners and clients for their success in being flexible and innovative in their approach to service delivery". Ontario Renewal Report

Partnership - An essential component for community capacity building

CAPC and CPNP projects have demonstrated tremendous success in developing and maintaining **partnerships**. Projects are forming mutually beneficial relationships with a wide variety of organizations and sectors including education, child welfare, public health and small business. Partnerships benefit projects and participants in many ways including increased resources, referrals, visibility, exchange of information and levels of service for families. Moreover, partnership contributes to community capacity building.

Renewal demonstrated and confirmed several assumptions about partnerships:

- Partners need to have a shared vision and clearly defined roles and responsibilities;
- Partnership development and maintenance requires expertise, time and commitment, the absence of which can create a strain on programming activities;
- Partnerships tend to be strongest and decision making facilitated among agencies that are equal in status and when a relationship is formed at the management level.

During implementation, projects needed assistance from their partners for training and support. As projects matured, others in the community began to turn to CAPC and CPNP projects for training, expertise and referral. CAPC/CPNP projects not only gain from partnerships, but they give back to the community and to other organizations in many ways.

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"As a recognition of the skill and innovation of many of the approaches used by CAPC and CPNP projects staff, partnering agencies all over Ontario are purchasing services from the federally funded projects." Ontario Renewal Report

The emphasis of CAPC and CPNP on community-based decision making, developing partnerships and participant involvement has resulted in community capacity building. Several regional reports noted that this significant outcome has not been adequately measured through evaluation.

Action to be taken:

- ***Ensure that outcome measures for community capacity building are explored and that ways to include its measurement in the national evaluation are examined.***

Participant involvement – Creating a sense of community ownership and relevance

Projects that have successfully involved parents recognize participant involvement as an essential determinant of success. In programs where there is a strong commitment to parent involvement there is a stronger sense of community and parent ownership, and a greater understanding of the role of CAPC and CPNP programs not only among participants but also within the larger community. Participants have become actively involved in all facets of CAPC and CPNP, including program development, management, delivery and evaluation. Involvement ranges from participation in focus groups to membership on the board of directors. In Manitoba, for example, 85% of CAPC projects have participant involvement in the direct management of the project's activities and operations.

A number of factors are necessary to achieve meaningful and sustained participant involvement. Strong project managers, skilled staff, a commitment to participant involvement and adequate resources to provide ongoing training and to overcome transportation and child care barriers are essential. The level and type of involvement sought must realistically reflect the realities of the lives of participants. Participant involvement continues to be a challenge for many projects.[4]

"Without appropriate training, recognition of skills and clear understanding of roles and responsibilities, these opportunities (for parent involvement) can become more debilitating than empowering for the individuals involved, and can create enormous problems at the organizational level". Newfoundland Renewal Report

Reaching the target population – Expertise in reaching the previously "unreached"

CAPC and CPNP projects have demonstrated innovation and expertise in reaching out to vulnerable populations and are reaching women, children and families who are most at risk. In Manitoba, 74.4% of participants have incomes of less than $15,000 per year. CAPC and CPNP

[4]Participant involvement was a topic of a CAPC/CPNP National Projects Fund Think Tank. A paper on the topic will be available in October 2000.

staff are challenged by the breadth of knowledge, skill, experience and energy necessary to deliver meaningful programs to individuals living in high-risk situations and having special needs.

"The analysis of the profiles of participants indicated that CAPC was reaching children and families in profound situations of risk with families facing multiple risk factors."
Manitoba Renewal Report

"When other service delivery agencies have difficulty establishing rapport with some populations, they often partner with CAPC and CPNP personnel to achieve better access to the desired clientele." Ontario Renewal Report

However, some regions report that projects continue to struggle to reach the at-risk target group and may need support to be accessible and inclusive.[5] Engagement and program delivery to families living in disadvantage take more time and resources. Many of these families do not want or feel a need to participate in activities and require more effort to reach and engage.

Barriers to participation - The ongoing challenges of transportation, child care and working in two official languages

Transportation was cited as one of the most significant barriers to parent participation and involvement in program delivery/management, partnership development and training in rural and remote areas. Strategies for overcoming transportation problems include provision of taxi fare, using staff to pick up and bring participants to groups, using volunteer drivers or bringing the programs to the families (home visits). Some projects have yet to overcome this barrier, primarily due to lack of resources.

Another frequently mentioned barrier was child care. Many projects see this as an essential program component to ensure that parents are able to participate.

"Almost all evaluation reports identified lack of transportation and child care as a deterrent to participation in CAPC/CPNP programs and activities"
Nova Scotia Renewal Report

CAPC and CPNP projects that work in both official languages need additional funds to help offset the costs associated with bilingual functioning.

[5]Outreach to at-risk populations was a topic of the CAPC/CPNP Think Tank 2000, funded by the CAPC/CPNP National Projects Fund. The Think Tank was made up of projects who have been highly successful at outreach and a researcher. A paper on the topic will be available in October 2000.

"As a recognition of the skill and innovation of many of the approaches used by CAPC and CPNP projects staff, partnering agencies all over Ontario are purchasing services from the federally funded projects." Ontario Renewal Report

The emphasis of CAPC and CPNP on community-based decision making, developing partnerships and participant involvement has resulted in community capacity building. Several regional reports noted that this significant outcome has not been adequately measured through evaluation.

Action to be taken:

☼ ***Ensure that outcome measures for community capacity building are explored and that ways to include its measurement in the national evaluation are examined.***

Participant involvement – Creating a sense of community ownership and relevance

Projects that have successfully involved parents recognize participant involvement as an essential determinant of success. In programs where there is a strong commitment to parent involvement there is a stronger sense of community and parent ownership, and a greater understanding of the role of CAPC and CPNP programs not only among participants but also within the larger community. Participants have become actively involved in all facets of CAPC and CPNP, including program development, management, delivery and evaluation. Involvement ranges from participation in focus groups to membership on the board of directors. In Manitoba, for example, 85% of CAPC projects have participant involvement in the direct management of the project's activities and operations.

A number of factors are necessary to achieve meaningful and sustained participant involvement. Strong project managers, skilled staff, a commitment to participant involvement and adequate resources to provide ongoing training and to overcome transportation and child care barriers are essential. The level and type of involvement sought must realistically reflect the realities of the lives of participants. Participant involvement continues to be a challenge for many projects.[4]

"Without appropriate training, recognition of skills and clear understanding of roles and responsibilities, these opportunities (for parent involvement) can become more debilitating than empowering for the individuals involved, and can create enormous problems at the organizational level". Newfoundland Renewal Report

Reaching the target population – Expertise in reaching the previously "unreached"

CAPC and CPNP projects have demonstrated innovation and expertise in reaching out to vulnerable populations and are reaching women, children and families who are most at risk. In Manitoba, 74.4% of participants have incomes of less than $15,000 per year. CAPC and CPNP

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staff are challenged by the breadth of knowledge, skill, experience and energy necessary to deliver meaningful programs to individuals living in high-risk situations and having special needs.

> "The analysis of the profiles of participants indicated that CAPC was reaching children and families in profound situations of risk with families facing multiple risk factors."
>
> Manitoba Renewal Report

> "When other service delivery agencies have difficulty establishing rapport with some populations, they often partner with CAPC and CPNP personnel to achieve better access to the desired clientele."
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However, some regions report that projects continue to struggle to reach the at-risk target group and may need support to be accessible and inclusive.[5] Engagement and program delivery to families living in disadvantage take more time and resources. Many of these families do not want or feel a need to participate in activities and require more effort to reach and engage.

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Human and Financial Resources

Funding: Sustained core funding is key to effective community-based programs

Adequate core funding is key to the effectiveness of community-based programs. Projects that have sufficient resources tend to be successful at all levels, including goal/objective achievement, human resource management, building and sustaining partnerships, participant involvement, community capacity building and effective program development and service delivery.

> "CAPC sites with over $100,000 annual funding and CPNP sites with over $50,000 annual funding tend to stand out as the most stable and successful sites whether urban or rural/remote".
> Alberta Renewal Report

Sustained funding, which is seen as essential, is a strength of both CAPC and CPNP. Projects that demonstrate that they are effective and well managed continue to receive long term funding. The absence of cost of living increases, however, is a significant problem, particularly for CAPC projects.

> "There has been no mechanism for projects to receive incremental funding by Health Canada despite a long term, A-based commitment. Projects are beginning to experience "rust out" as they attempt to operate on a diminishing resource base due to increased, as well as unanticipated costs."
> Manitoba Renewal Report

> "Higher salaries, mandated employment equity payments and increased project costs such as rent, food, transportation has meant that projects must do more with less. Projects are now faced with reducing the level and degree of service to stay within budget. The projects' ability to meet minimum quality program standards is jeopardized and could result in poorer project outcomes and impact."
> Ontario Renewal Report

Projects in rural, remote and isolated areas reach fewer participants but the impacts of these projects on communities is profound. However, challenges facing projects are more pronounced in rural and remote areas. Staff availability, training, transportation, partnership development, project material/food and opportunities for monitoring and support are all more difficult and expensive in remote and isolated areas. The Renewal Exercise underscored the need to design special strategies, ensure flexible budgets and provide ongoing support to projects in rural and remote areas.

The Project Coordinator -- A key determinant of project success

The ability to attract and retain qualified staff is seen to be an essential determinant of success. This is particularly important for the position of project coordinator in projects that are considered "stand alone" and are not built on an existing infrastructure. Full time, paid coordinators are able to put in place sound personnel policies, appropriate training, job descriptions and provide ongoing supervision. Partnership development and participant

involvement also appear to be strongly linked to the skill and availability of a full time project coordinator.

> **"Strong visionary Project Coordinators are the primary key to project success and sustainability."**
> **Alberta Renewal Report**

Staff training – Critical to program quality

As part of the 2000 National Renewal Framework, CAPC/CPNP projects were required to submit their training policies and plans with their applications. The amount of training projects receive varies among projects and across regions, often reflecting the size, geographic location and capacity of projects. Although CAPC/CPNP projects recognize the importance of training and include training in their workplans, staff in larger projects tend to participate in significantly more training events than staff from small projects that do not have adequate training budgets.

Barriers preventing projects from accessing training, particularly those in remote or isolated areas, include: fewer opportunities and access to trainers; funds to bring in trainers or send staff to training events in urban centres; using funds allocated to training to support delivery of program activities; and, lack of back up personnel to replace staff while away on training. Nevertheless, many projects in remote and isolated areas are finding creative ways to meet training needs, such as sitting in on training opportunities provided by other agencies or through mentorship.

> **"In the NWT access to training and education on early childhood issues is critical for program improvement, development and ongoing sustainability. An important training medium in the north has been on-site mentorship between projects"**
> **Northwest Territories /Nunavut program consultant**

Two of the most frequently mentioned training topics were board development and program management. This is consistent with a number of surveys and consultations held with projects.[6]

> **"Ongoing board orientation and training is critical to the success of CAPC and CPNP particularly when there is an emphasis on parental/participant involvement on the project board and/or coalitions. Specifically, training needs to focus on definition of roles and responsibilities, board/staff relations, working collaboratively with a number of other partners and strategic planning/work planning."** **Nova Scotia Renewal Report**

Many small projects emphasize the need for training for front line staff (e.g. counselling skills and facilitation of parenting programs) as opposed to board development and management. This may suggest that projects with full time project coordinators and more resources are better able to address the training needs of front line staff.

[6]Board development and management issues are a priority for the CAPC/CPNP National Projects Fund 2000/2003.

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Supervision – A challenging but essential component of effective programming

Effective, ongoing supervision is critical to program quality. The nature of supervision depends on the types of programs and services being delivered. As with training, projects were required to outline their supervision procedures as part of Renewal. Most projects are providing appropriate levels of supervision and support to project staff and volunteers.

Projects that employ only one or two people who are responsible for all aspects of program management and delivery, particularly in rural and remote areas, have difficulty providing effective supervision. In cases where there is only one staff member, supervision often rests with the sponsoring organization. This can be a problem if sponsors are themselves struggling with insufficient resources or lack the necessary infrastructure to supervise CAPC staff.

Unlike other jurisdictions, projects in Quebec are not struggling with supervision or training issues, as small projects have been built on existing, strong organizational structures, most notably the Centres locaux de services commununautaires (CLSC).

Action to be taken:

- ***Ensure that supervision and training of project staff will continue to be a policy priority for CAPC and CPNP.***[7]

Staff retention and salaries – A serious issue for many projects

Projects and regional offices both report concerns about project staff. High levels of stress, dissatisfaction or burn-out as a result of increased numbers of clients, inadequate resources, long hours and lack of cost of living increases and/or benefits.

> "The largest difficulty faced by each site was the lack of cost of living increases that led to turn over in staff. In areas where there is a large pool of well trained job seekers available this may not be an issue, but in the Yukon where the employment pool is limited, it threatens the integrity and continuation of the program."
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Once again, the situation is particularly difficult in projects with only one or two staff. The responsibilities and expectations of these people are overwhelming.

> "Almost half of the CAPC projects have the equivalent of one full-time staff person or less. High participant-to-staff ratios, the demands of working with families with high needs, and dividing time between program delivery and administration put staff at risk of burnout, especially as project attendance grows (a trend which is apparent in projects funded over five years). In order to meet the demands, staff report they are working an increasing number of hours of unpaid overtime".
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The above issues demonstrate the importance of ensuring an adequate funding base and cost of living increases. Many project staff seek to remedy the situation through fundraising.[8] This itself requires resources and time, often further increasing the level of stress and dissatisfaction among project staff.

Project-level evaluation - A useful management tool

Many CAPC and CPNP projects conduct local evaluation. These evaluations provide a wealth of information that contribute to the development of new programs and to the improvement of service delivery. Several regions identified a need to strengthen local planning and or evaluation so that it becomes an integrated part of project management.

"Project level evaluation is critical to the on-going development of CAPC and CPNP." Newfoundland Renewal Report

"We will be placing greater importance on annual project work plan submissions, as well as site visit reports." Manitoba Renewal Report

Action to be taken:

- ***Ensure that effective models of integrated plans and evaluation are identified and shared with CAPC and CPNP projects.***

Effectiveness: Recognition of achievements by the broader community

CAPC and CPNP projects are recognized as a major player in the community. The projects often function exceptionally well as liaisons, service brokers and coordinators of service.

"CAPC acts as a service broker for families through institutionalized systems toward self-reliance. Our programs provide community service coordination, bringing a wide array of children's services to under-serviced communities." Ontario project

CAPC and CPNP were introduced at a time when few child development and prenatal programs

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focussing on at risk populations existed at the community or provincial/territorial level. There has since been an increased emphasis on prenatal health and early child development at all levels of government and the implementation of several provincial and territorial initiatives. Regional offices, through JMCs, have continued to work closely with the provinces/territories to ensure that CAPC and CPNP enhance and not duplicate provincial/territorial services (e.g, inter-sectoral agreements, service protocols).

CAPC and CPNP projects are also increasingly recognized as centres of expertise on prenatal and child and family issues. Project representatives are invited to participate in the development of initiatives for children and their families at the provincial/territorial level and have begun participating in regional early childhood development networks.

"By way of example, CAPC sites were part of consultations the provincial government held with communities around its Early Years strategy." PEI Renewal Report

"They are now seen as an 'expert' in children and family issues within their community and their province and are actively sought to make presentations and/or to partner with other agencies on special projects." Nova Scotia Renewal Report

CAPC, CPNP and Population Health

Health Canada has adopted a population health approach to maintain and improve the health of Canadians. This approach integrates action on a broad range of determinants that affect the health of Canadians.

Renewal has demonstrated that projects focus on several of the determinants including social support networks, healthy child development and personal health practices and coping skills. The approach taken by projects tends to be participant-centred and builds on individual capacity.

Aboriginal Projects

Both CAPC and CPNP give special recognition to the health and developmental needs of Métis, Inuit and off-reserve First Nations children. Aboriginal children are identified in most of the federal/provincial/territorial Protocols as either a program priority or a funding priority. Saskatchewan's Protocol, for example, devoted a minimum of 65% of their CAPC funding to programs for Aboriginal children living off-reserve. At Renewal, 23 of Saskatchewan's 34 CAPC projects (68%) were sponsored by First Nations, Métis and Aboriginal organizations.

"Participant attendance and ancestry recorded by project coordinators for two months (September and October, 1999) indicated that a minimum of 65% of the children and 62% of the parents participating in CAPC programs were First Nations, Métis or northern." Saskatchewan Renewal Report

Aboriginal projects have achieved a high level of participant involvement in program management, particularly those that are sponsored by Aboriginal organizations.

Renewal Reports suggested several program characteristics specific to Aboriginal projects. Projects serving Aboriginal families employ a holistic and "traditional teachings" approach to programming, encompassing the spiritual, mental, emotional and physical aspects of the person. Programming is designed to include the whole family unit, the extended family and sometimes other community members. Elders play an important role in these projects.

> **"Given the challenge of living in more isolated and remote locations, projects have discovered through mentorship training that they are their own experts when it comes to designing and delivering programs that are relevant in the north. Many projects seek out the involvement of Elders to ensure that their approach includes traditional ways."**
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The concept of "partnership" differs somewhat from non-Aboriginal projects. Aboriginal projects tend to develop partnerships within their sponsoring organization, a type of intra-agency sharing.

Flexibility in programming is critical. Building a child's sense of self and of his/her identity as an Aboriginal person is valued as an ongoing process throughout childhood and adolescence. Aboriginal language development and retention in early childhood have been identified as important issues among projects serving Aboriginal families.

Aboriginal projects in smaller and remote communities face the challenge of simultaneous community and project development. In many of these communities strong infrastructures upon which CAPC and CPNP programs could build did not exist.

> **"Aboriginal projects located in small, at-risk communities have recognized that the lack of infrastructure within their communities presents them with unique service delivery challenges. In many of these communities there is only one Aboriginal organization. These organizations often lack core funding, program management experience and have limited resources."**
>
> Ontario Renewal Report

III - Emerging Issues

A number of emerging issues and trends to which projects respond were identified through the Renewal Exercise.

Impact of social policy changes

Participants are becoming more vulnerable due to social policy changes. Many Ontario projects, for example, noted that measures such as stricter social welfare qualifying criteria and reduction in social benefits have increased the number of at risk families accessing CAPC and CPNP programs.

Food insecurity is a growing problem. Reductions in social assistance payments, increases in the cost of housing and regular cost of living increases, have left many families with less money each month to spend on food. Many CAPC and CPNP projects are responding to the issue by developing programs and services that relate to food, such as community kitchens, food box

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Action to be taken:

- ***Ensure that a strategy is developed to determine the extent to which projects are addressing the issue of food insecurity and the variety of activities that are being used.***

Demographic trends

There is a greater emphasis on culturally specific programming and services for new immigrant groups. Many projects that serve immigrant families noted that poverty, cultural isolation, migration issues, racism and discrimination, all contribute to poorer health status among some minority groups, creating a unique category of 'at risk'.

Other social trends affecting projects

Several other trends and issues were identified by projects during Renewal as areas requiring an increased focus and/or development of programming:

- the incidence of high birth weight related to gestational diabetes
- substance abuse among pregnant women and parents
- the participation of more pregnant and parenting teenagers
- the importance of father involvement in healthy child development and the need to expand project services to include fathers.

Targeted vs. Universal Programming

Renewal observations related to targeted programming may have potential for broader policy application. The discussion around universality and targeted programming continues to take place not only at the policy level but at the project level as well.

CAPC and CPNP were designed to target children and pregnant women living in conditions of risk. The CAPC and CPNP national evaluations show that projects are in fact reaching those most at risk. Nevertheless, many projects find this mandate restrictive and unrealistic. The concepts of universality and targeting, while not directly in conflict, can result in challenging implications for project structure and delivery. The 1997 CAPC Renewal identified some projects that described themselves as "universal", that could not demonstrate significant attendance by high risk families. These projects were renewed on the condition that they increase the number of participants living in conditions of risk.

Many projects have found the middle ground, targeting-within-universality, or as one project stated, "We're universal, but we target". In other words, all parents are welcome, but special effort is made to involve and meet the needs of vulnerable families and those least likely to participate. Outreach strategies and programs are designed to address the circumstances, barriers and attitudes of specific population groups, such as pregnant and parenting teens, parents with low literacy, lone parent families, recent immigrants and refugees and families with low income.

Action to be taken:

- ***Ensure that Renewal continues to require that projects demonstrate that at-risk populations are included, but legitimizes the involvement of all families in some jurisdictions.***

IV. Summary of actions to be taken

Several actions were identified throughout this report. All actions will involve the collaborative efforts of both national and regional staff. National and regional offices will jointly develop a workplan outlining who will lead and participate to address each of the identified actions. In some cases responsibility for actions has already been determined and activities have begun to take place.

The following is a summary of those actions:

The Renewal Process and package:

- *Ensure that the national Renewal Framework is included in the CAPC/CPNP Program Guidelines Manual (currently being developed) so that it is available to regions well in advance of the 2003 Renewal .*

- *Ensure that national Renewal workplan is improved by building on regional Renewal workplans.*

- *National office will work with the Management Planning and Operations Division (MPOD) and regional offices to ensure that there is consistent and clear information with respect to the process, deadlines, the contribution agreement and signing authorities.*

- *Ensure that Renewal continues to require that projects demonstrate that at-risk populations are included, but legitimizes the involvement of all families.*

Evaluation and Monitoring

- *Ensure that project level data collected through the new CAPC National Program Profile (NPP) are available to projects and regional program consultants to streamline monitoring and reporting and to inform the next Renewal.*

- *Ensure that outcome measures for community capacity building are explored and that ways to include its measurement in the national evaluation are examined.*

- *Ensure that effective models of integrated planning and evaluation are identified and shared with CAPC and CPNP projects.*

Program Management

- *Ensure that supervision and training continue to be a policy priority for CAPC and CPNP.*

- *Ensure that a strategy is developed to determine the extent to which projects are addressing issues of food security and the variety of activities that are being used.*

Part C: Regional Executive Summaries

EXECUTIVE SUMMARY: RENEWAL IN ATLANTIC CANADA

REGIONAL CONTEXT:

- The Atlantic Region is made up of four provinces: Newfoundland, Nova Scotia, Prince Edward Island and New Brunswick.
- There are three Joint Management Committees (JMCs), 1 Provincial Advisory Committee (Nova Scotia) and an Atlantic Joint Management Committee made up of representatives from Health Canada and the four provincial governments.
- The Atlantic Children's Evaluation Sub-Committee (ACES) of the Atlantic JMC is responsible for evaluation activities in the Region.
- There are 40 CAPC projects and 25 CPNP projects in the Region.

REGIONAL RENEWAL PROCESS:

- The Renewal Process in Atlantic Canada took a regional approach and was developed by Health Canada's Atlantic Children's Team and approved by the Atlantic Joint Management Committee.
- CAPC and CPNP projects were required to complete a final evaluation report for the 1997-2000 contribution period. The reports were the primary documents used to assess impact, performance and progress and to make renewal decisions. Other information used included bi-annual progress reports and site visit reports.
- Standard letters, renewal documents, forms and review grids were used by all four provinces to ensure a consistent approach and similar messages to projects.
- Training in evaluation was offered to CAPC and CPNP projects in each province in the Spring of 1999.
- Of the 40 CAPC projects, 35 were renewed unconditionally and 5 were renewed with conditions. For the 25 CPNP projects, 22 were renewed unconditionally and 3 were renewed with conditions.

WHAT WAS LEARNED:

Framework and operational process:

- Two documents were developed to help guide the final evaluation reports - one for CAPC and one for CPNP projects. Projects were to use these "checklists" in planning and implementing their evaluation process. The checklists helped projects develop their evaluation plans, determine the completeness and quality of their evaluation as well as communicate renewal requirements for Health Canada.

- Overall, projects found the checklists very useful. Although they recognize the value and usefulness of evaluation, they would like the process and approaches streamlined to better meet the needs of all stakeholders (projects, Health Canada, JMCs/PAC).
- Grids, which closely followed the checklists developed for projects, were used by Health Canada and Joint Management Committee/Program Advisory Committee members in assessing the quality and completeness of the evaluation reports and renewal documents. These were helpful in identifying the gaps, challenges, successes and impacts of projects and to make renewal decisions.

- All internal renewal documents were prepared in the Regional office. Although a workplan and timetable had been developed to help determine the level of work required by the Program and Administrative staff, the actual time required to complete the paperwork was greater than anticipated. This resulted in increased stress and delays in getting final approval.
- There was some confusion with sections of the Contribution Agreement as well as with the Regional Director's signing authorities in the enhancement of funding for CPNP projects.

Policy and program issues:

Nova Scotia:

- CAPC and CPNP project representatives are being invited to participate in the development of other federal and/or provincial initiatives for children. For example, Human Resources Development Canada has invited project representatives to participate in regional Early Years and Literacy working groups under the Labour Market Development Agreement. Ensuring that learnings and best practices from CAPC and CPNP projects are heard and/or incorporated into new initiatives is sometimes challenging due to differing philosophies, lack of understanding of principles such as 'community capacity building' and 'participant driven' and working with agencies who see participants as "clients".
- As participants gain skills, self-esteem and increase their comfort level in being parents, their requirements for programming and support shift. For example, participants are now indicating the need for leadership development programs and educational upgrading programs.
- In Nova Scotia, one of the largest issues identified at renewal was the need for salary increases, training and benefits for CAPC and CPNP employees. Since their budgets haven't increased over the last five years, sponsors have been unable to meet these needs.
- In smaller projects, staff burnout and turnover are very high because available funds can only cover one to two salaries and staff are expected to be able to carry out a number of administrative, financial and programming duties while still being available to support families in need.
- Ongoing strategic planning and evaluation was seen as critical for projects.
- Health Canada should locate or develop appropriate and effective evaluation models and streamline evaluation and reporting requirements.
- Ongoing Board orientation and training is critical to the success of CAPC and CPNP, particularly when there is an emphasis on parental/participant involvement on the project board and/or coalition.
- The role and responsibility of projects in delivering "school readiness" versus "readiness to learn" programs for participating children needs to be clarified.
- Projects have identified a need for better access to statistical data regarding the families in their catchment area.
- Almost all evaluation reports identified lack of transportation and child care as a deterrent to the participation in CAPC/CPNP programs and activities.

New Brunswick:

- Family Resource Centres have evolved, through the development of multiple outreach sites in rural areas, from local Centres to regional networks within the province.
- Centres are participating in regional networks resulting in information exchange,

collaboration and shared strategic planning. This is critical to maximize the use of resources, identify and address gaps and avoid federal-provincial conflicts.

- CAPC projects are using a variety of techniques to facilitate the participation of priority populations, but use an "open door" policy to make sure that every one who needs support is welcome.
- By offering multiple programming sites, CAPC projects meet the needs of their largely rural populations and also call into question their traditional practice of concentrating the majority of human and financial resources in the Centre itself.
- As a result, projects are re-considering their use of their CAPC budgets to support their evolving infrastructures and ensure equitable access and quality of service for priority families across their regions. They have also clearly identified the need for more funding to cover the additional staff, travel and material costs of working in rural regions.
- CAPC projects are increasingly involved in offering family literacy/ school readiness/ pre-kindergarten programs, particularly in rural areas. These projects must respect provincial norms and legislation.
- CAPC projects need tools and training to collect quantitative data on participation and access baseline statistics by county in the province.
- Regular training for CAPC Board members and staff on key Board and Centre functions is essential for building stable community organizations.
- CAPC and CPNP projects need additional funding so that project staff can enjoy salary increases and benefits packages comparable to those offered to similar professionals in their area / province.
- CAPC and CPNP projects which work in both official languages need additional funds to offset the costs associated with bilingual functioning.
- CAPC and CPNP projects in rural areas need adequate funding for transportation to facilitate the participation of parents and children.
- PPHB's financial support for provincial and regional associations of CAPC and CPNP projects is both strategic and essential for their survival. The funds help these associations network and share knowledge and best practices, build capacity through training, identify and address shared issues and develop partnerships.

Newfoundland:

- Ongoing training opportunities for board, staff, and parent participants are critical to the overall healthy development and maintenance of CAPC and CPNP projects. Clear roles, responsibilities, expectations, time for adjustment to new positions and opportunities for mentoring are also needed.
- Staff need decent/adequate salaries and benefits and support through organizational structures and decision-making bodies.
- Partnerships at the community level need to focus on the mutual benefits of the partnering relationship. At present, it is often more of a focus on what partners contribute to project. There is little or no emphasis on the reciprocal nature of the partnerships, e.g. what CAPC/CPNP contribute to the partners.
- In programs where there is a strong commitment to parent involvement in all areas of programming, there appears to be a stronger sense of community and parent ownership, and a greater understanding of the importance of CAPC and CPNP programs among participants and within the larger community.
- Discussion needs to take place around the issues of universality versus targeted programming and social and economic inclusion. Some understanding is needed at the project and community level about whether the inclusion of some participants, i.e. those who would not fit within the priority population, results in

the exclusion of those who do fit the priority population. That is, some people in the priority population may feel uncomfortable participating in programs where there are high numbers of people who would not share their social and economic life circumstances.

- Some basic issues related to supporting families can get overlooked, including family violence, and the diversity of family units.
- Project level evaluation is critical to the on-going development of CAPC and CPNP. The challenge is to help projects see evaluation as a reflection/action process that can strengthen programs versus evaluation as simply a requirement of Health Canada.

Prince Edward Island:

- The CAPC/CPNP sites on Prince Edward Island were created as a result of initially funding the development of Coalitions, a reality quite different from the way CAPC was funded elsewhere. There is a need for core funding to be increased.
- As coalitions have become key players on behalf of children in their regions, they have been making significant contributions to the provincial government's planning and vision for children. For example, project coordinators are members of the provincial mental health planning committee. Their participation and input are seen as crucial by the provincial health representatives.
- The role of PPHB in aiding community groups to develop greater capacity to do community development work and influence public policy could be expanded.
- CAPC and CPNP projects need additional funding so that project staff can have salaries and benefits packages comparable to those offered to similar professionals in their area / province.
- CAPC and CPNP projects working in rural areas continue to stress the need for adequate funding and creative means to address the problem of transportation.

RECOMMENDATIONS FOR NEXT RENEWAL:

- The Renewal Process will begin much earlier to reduce the burden on Health Canada and project staff.
- To achieve this:

  a) Final evaluation reports will be submitted six months earlier (i.e. May 2002). Health Canada and Joint Management / Program Advisory Committee members will carefully assess the performance of projects and provide feedback to projects to help them with their strategic planning for the next funding period.

  b) The 3-year application for renewal will be due in the Fall of 2002 for review by Health Canada and Joint Management / Program Advisory Committee members to give the program and administrative staff several months to complete internal documents and obtain Regional Director approval.

  c) Final renewal decisions should be communicated to projects by February 2003.
- Headquarters should make it more clear on the National Renewal Framework that:
  - goals should be linked to Guiding Principles and Provincial priorities;
  - objectives should be linked to Goals and be measurable and realistic;
  - activities should be linked to Objectives;
  - workplans should be realistic and should make the best use of available

resources.

- Headquarters needs to take the lead role in standardizing forms for the Minister or Assistant Deputy Minister and in clarifying signing authorities. For example, it was difficult to determine the level of authority of the Regional Director in enhancing the budget of existing CPNP projects.

ACTIONS TO BE TAKEN BY REGION:

- A Regional Working Group has been established to review, streamline and reduce Health Canada's reporting and evaluation requirements over the next three years, while improving the quality and usefulness of quantitative and qualitative information collected. Its members include project representatives from all four provinces, as well as representatives of the Federal and Provincial governments and evaluation consultants for the Region.
- Detailed evaluation plans were submitted by projects in September 2000 for the review and approval of Program Consultants.
- The Children's Team will continue to support projects to conduct strong and credible local evaluations by: providing further training; providing assistance in locating qualified evaluators; developing/sharing useful evaluation tools and approaches; and, enhancing the participatory approach used by projects.

EXECUTIVE SUMMARY: THE RENEWAL PROCESS IN QUEBEC

REGIONAL CONTEXT:

- The Joint Management Committee (JMC) is composed of representatives of Health Canada, the Ministère de la Santé et des Services Sociaux du Québec (MSSSQ), and the Regional Health and Social Services Board. The Regional Board is a corporation, as defined in the Civil Code (art. 342); its principal role is to oversee the regional planning, organization, implementation, and evaluation of the health and social services which are developed by the Minister (art. 340).
- The renewal process took into account the national public health priorities established for 1997-2002 by the Ministère de la santé et des services sociaux du Québec (MSSSQ) with respect to child development and the perinatal period.
- Community organizations administer approximately 74% of CAPC projects, while public health and social service agencies and the local community service centres (CLSC) administer 22%. Projects which are provincial in scope constitute approximately 4% of the total. Most CPNP projects are managed by the CLSCs.
- Child development is the most frequent focus of CAPC projects (31% of projects), followed by parenting skills (28%). Approximately 13% of the activities focus on the parent-child relationship, while 5% are dedicated to providing training for workers.
- The number of CAPC projects has remained essentially the same in the wake of the renewal process. The number of CPNP projects rose from 111 to 152 as a result of changes in the catchment area of some CLSCs.

THE RENEWAL PROCESS

- The Joint Management Committee examined 376 funding recommendations with Health Canada and the regional boards.
- The renewal process unfolded in two distinct stages. A total of 196 projects were renewed on April 1, 2000; the remainder were renewed on June 1, 2000.
- Of 221 CAPC projects, 210 were renewed unconditionally, 5 were not renewed, and 6 were renewed conditionally; in addition, 2 new projects were approved. Of 111 CPNP projects, 107 were renewed unconditionally and 4 were not renewed. CPNP approved 45 new projects.

WHAT WAS LEARNED

Renewal framework and process

- Several factors facilitated the process:
  a) Flexibility at the national level (the questionnaire could be adapted to regional requirements).
  b) The questionnaire format received a favourable response (except for the space provided for answers).
  c) The analytical grid simplified the work of the regional boards.
  d) Greater work flexibility due to telework capabilities.
  e) Outside help (contract workers) to evaluate applications.
  f) Meetings and team work.
  g) Project visits to provide guidance in the preparation of renewal applications.

- Problems encountered:

a) In some instances the form did not correspond to the analytical grid.
b) The groups did not have a standardized approach to filling out the questionnaire.
c) The form and the analytical grid were not adapted for computer use.
d) *Health Canada*: Slow start-up (launched during the summer months, inadequate resources); difficulty in managing the information conveyed to the community groups and regional boards, lack of thoroughness on the part of some groups with respect to the process (it was sometimes difficult to obtain accurate information).
e) *Organizations*: Some applications were incomplete; discrepancies in the details provided (as well as contradictions); documents submitted in a variety of ways (mail, fax, e-mail).
(f) *Regional boards*: The frequent change of informants at the regional boards; varying degrees of commitment on the part of regional boards (requiring more frequent follow-up by consultants); information on the renewal process did not always reach the regional board informants.

Policy and program considerations:

- Numerous CAPC projects which were adapted to regional priorities appear to have produced a positive impact.
- The inclusion of the national health priorities of Quebec and the regional boards has furthered the implementation of the CAPC and CPNP programs.
- CAPC funding has not made it easier to leverage other sources of funding.
- While CAPC has not produced an appreciable increase in the number of clients, it has helped to bring about qualitative and quantitative improvements in the delivery of services.
- CAPC is an example of sustained partnership, from the project design phase through to project implementation.
- Most CAPC projects are designed to improve parenting skills and to address the developmental needs of children.

RECOMMENDATIONS FOR NEXT RENEWAL

- Forms and analytical grids should reflect the reality of the projects more accurately.
- The renewal planning and preparation process for 2003-2006 should begin immediately.
- The 2003-2006 renewal process will include the strategic renewal of the Program.

EXECUTIVE SUMMARY: RENEWAL IN ONTARIO

REGIONAL CONTEXT:

- Ontario projects are jointly managed along two separate streams: A Joint Advisory Committee (JAC) focusses on strategic issues, funding recommendations and program integration for non-Aboriginal projects. Thirty percent of the total budget is allocated to projects for urban Aboriginal people, and an Aboriginal Management Committee (AMC) oversees management and sets strategic direction for this portion of the program budget.
- Regional priorities include improved infant and child nutrition, improved parenting skills and prevention of child abuse. The Aboriginal stream has added cultural retention and development to the regional priorities.
- Both the Joint Advisory Committee (JAC) and Aboriginal Management Committee (AMC) have been actively involved in renewal decisions.
- There are 72 non-Aboriginal and 75 Aboriginal projects. Ontario has divided its budget allowing a specific focus on the Aboriginal population.

THE RENEWAL PROCESS:

- The national framework was enhanced by a series of questions aimed at determining the projects' success in reaching and providing service to the at-risk population.
- The renewal exercise focussed on five main areas: successes of the past three years; identification of changes in the community that could result in new project directions; identification of possible areas of improvement; adequacy of project budgets; and the initiation of a population health approach.
- All projects were asked to complete a renewal questionnaire, workplan and application for each program. Most projects received a comprehensive site visit.
- A Health Canada Renewal Committee then conducted an overall assessment of each project, made recommendations to the Joint Advisory Committee or the Aboriginal Management Committee, who then made renewal recommendations to Health Canada's Regional Director.
- **Non-aboriginal projects:** Of the 38 CAPC projects, 36 were renewed unconditionally, 1 was not renewed, and 1 was renewed with conditions. For the 34 CPNP projects, 33 were renewed unconditionally and 1 renewed with conditions.
- **Aboriginal projects:** Of the 50 CAPC projects, 37 were renewed unconditionally and 13 were renewed with conditions. For the 25 CPNP projects, 22 were renewed unconditionally and 3 were renewed with conditions.

WHAT WAS LEARNED:

Framework and operational process:

- Site visits are an effective assessment method.
- Including Program Consultants who are unfamiliar with the project provides a fresh, unbiased perspective.

Policy and program issues:

- Most projects are struggling to maintain the current level of service in light of cost of living increases. Some projects have already reduced service or cancelled some programs.
- The involvement of parents, children, youth, the community, as well as health and social agencies as partners for the conceptualization, planning and delivery of programs is essential to the program's effectiveness.
- In recognition of the skill and innovation of many of the approaches used by CAPC and CPNP project staff, partnering agencies all over Ontario are purchasing services from the federally funded projects.
- Flexibility in where, when and how programs are delivered has proven to be a key component to CAPC and CPNP project success in reaching more at-risk families.
- While a commitment to partnerships benefits CAPC and CPNP projects by ensuring integration of the web of services offered to children and families, this benefit comes at a cost not foreseen in the original budgets.

RECOMMENDATIONS FOR NEXT RENEWAL:

- More use should be made of the Individual Project Questionnaire information as background for site visits to CPNP projects.
- Pre-site visit meetings between the project's Program Consultant and visiting Program Consultant could save time by allowing the visiting Program Consultant to become more familiar with the project.
- A strategy for communication and coordination should be developed for regional administrative staff with respect to contribution agreements and other renewal processes.

ACTIONS TO BE TAKEN BY REGION:

- Continue to assist projects in sharing information about ways to achieve more participant and partner involvement.
- Provide advice and encouragement to projects as they adjust their programming to fit the resources available.
- Monitor impact of program adjustments that are due to financial constraints on effectiveness of the project.
- Provide policy input at the national level regarding CAPC program design and resourcing.

EXECUTIVE SUMMARY: RENEWAL OF CAPC IN MANITOBA

REGIONAL CONTEXT:

- The Manitoba Federal/Provincial Committee has a two-tier structure that includes a policy level committee and a working level Advisory committee. Representatives from the provincial departments of Health, Education and Training, and Family Services and Housing are involved at the policy level.
- The CAPC Advisory Committee includes representatives from the three provincial departments, Regional Health Authorities and the community. Consideration is given to selecting members who can provide a northern and Aboriginal perspectives.
- Priorities for CAPC in Manitoba include: adolescents who are parenting or at risk of pregnancy, high risk single parent families, children with difficulties resulting from fetal alcohol syndrome/effects, as well as urban and rural non-status Aboriginal children.
- The most prevalent structure is a family resource model with other projects addressing more specific areas of concern (i.e. Fetal Alcohol Syndrome/Effect, family violence, Aboriginal health). Half of the project sites are in Winnipeg, and the other half are located throughout the Province. The average funding level for a CAPC Project is $126,000.00.
- All CAPC Projects in Manitoba deliver programs to fulfill nine common primary objectives determined by the Central Evaluation Process.
- Thirteen CAPC projects were eligible for renewal. In addition a CAPC Coalition is also funded to provide a formal operational alliance for CAPC project directors. The 1997-2000 funding period included several short-term projects that did not submit renewal applications.

THE RENEWAL PROCESS:

- The National Renewal Framework provided an effective foundation for gathering renewal information. There were no additional questions added in Manitoba.
- Projects were provided with summary reports of relevant information previously submitted on Form C (national evaluation instrument to collect project information). Projects were supported by site visits, coalition meetings as well as frequent telephone contact with Program Consultants.
- The CAPC Program Consultants assessed each project based on a format agreed upon by the Joint Management Committee, whose members were provided with Renewal Summary Reports for discussion and approval.
- Of the 15 CAPC projects, 13 were renewed unconditionally, 1 was not renewed, and 1 was renewed with conditions.

WHAT WAS LEARNED:

Framework and operational process:

- The renewal framework, renewal application forms as well as assessment forms were all found to be effective tools. Projects provided positive feedback about the renewal process and were especially supportive of receiving a copy of their Project's Renewal Summary Report.
- The Central Evaluation Process in Manitoba provided projects with quality

information for renewal responses. A report entitled "Assessing the Success of CAPC" was written to compile the range of indicators that result from community implementation of the CAPC Program in Manitoba.

Policy and program issues:

- CAPC Projects are reaching children and families who are facing multiple risk factors, such as children and families with a single parent, who live poverty and are Aboriginal.
- Projects are attempting to operate on a diminishing resource base because of fixed funding levels. There are also a good number of projects that are incorporated and find both funding levels and policies restrictive.
- Managing a CAPC Project requires a high level of skills and abilities. In addition, there are increasing situations of multi-funded projects resulting in administrative stress from having to manage multiple accountability requirements.
- CAPC families in Manitoba experience a high degree of transiency resulting in program design and evaluation challenges.
- There are geographic areas within the province that are not served by CAPC. In addition, services to immigrant people are under represented.
- The growing prevalence of early intervention programming by other levels of government has increased the need for collaboration at the government and community levels.

RECOMMENDATIONS FOR NEXT RENEWAL:

- There are no major areas of renewal that emerged as requiring modification.
- A communication strategy for regional administrative staff is recommended.
- The newly formed CAPC Advisory Committee will be involved in the next renewal process and may result in adjustments to the process.
- Information on how Population Health will be included/assessed for the next renewal is needed.

ACTIONS TO BE TAKEN BY REGION:

- A centralized evaluation process will continue although efforts will be made to streamline and coordinate the various levels of evaluation. Evaluation will progress towards strengthening outcome reporting.
- Analysis of the sources of information and reporting streams will be conducted to be more strategic and reduce the information collection burden on projects.
- Efforts to collaborate with other funders of multi-funded projects will continue.
- Strategies around unmet needs have been prepared in the event of additional CAPC dollars.
- Training during the next fiscal year will be provided in the area of project management and will include topic information relating to issues on management capacity, evaluation, marketing, and research on early childhood and health promotion research.

EXECUTIVE SUMMARY: RENEWAL OF CPNP IN MANITOBA

PROVINCIAL CONTEXT:

- The Manitoba Federal/Provincial Committee has a two-tier structure that includes a policy level committee and a working level Advisory committee. Representatives from the provincial departments of Health, Education and Training, and Family Services and Housing are involved at the policy level.
- The CPNP Advisory Committee includes representatives from the provincial departments of Health, Family Services and Housing, the First Nations and Inuit Health Branch, Regional Health Authorities, and a researcher from the University of Manitoba. Selection of community members ensures a focus on community-based services and issues across the province in the areas of nutrition, prenatal, breastfeeding and addictions.
- At the time of Renewal, the program had been implemented in five of twelve regions in Manitoba, to serve the communities of Winnipeg, Brandon, Selkirk, Cranberry Portage, The Pas, Flin Flon, Thompson (and outlying areas).
- Priorities for CPNP in Manitoba include: pregnant women living off-reserve, in poverty or isolation, including adolescents.
- Program services include drop-in groups, individual nutrition counseling, home visits, breastfeeding promotion, food and vitamin supplements and cooking classes during the prenatal and post-natal period.
- Support services include referrals, transportation and child-care.

THE RENEWAL PROCESS:

- The national framework was used to identify the specific information required for the renewal assessment to proceed. This information was categorized as follows: information not previously submitted by project staff and/or sponsors, (collected via the Renewal Application) and information already available from Individual Project Questionnaire evaluation reports. (Retrieved from files and recorded on the Program Consultant's Recap Questionnaire).
- Of the 5 CPNP projects, 4 projects were recommended for renewal for the next three years, and one project was recommended for a one-year conditional renewal.
- Because the program was also undergoing expansion, there was a conscious effort made to keep renewal decisions separate from expansion decisions.

WHAT WAS LEARNED:

Framework and operational process:

- Preparation of data collection tools by the Program Consultant took a long time. The excellent program support from the Program Administration Support staff was a tremendous value throughout the many months of renewal.
- Preparation of the data collection tools included a review of Appendix 1 of the Federal/Provincial Protocol to ensure that anticipated provincial outcomes were reflected in the data collected from projects.
- Deadlines for submission were respected by the project staff and sponsors. This is likely indicative of an excellent level of mutual cooperation among all players.

Policy and program issues:

- Project renewal and expansion would be easier to handle if done separately.
- Sponsors were asked to ensure annual salary increases were included in the budget, but did not receive direction on a recommended amount given that the employer/employee relationship is between the board of a sponsoring organization and staff, and not between Health Canada and project staff. Health Canada's policy to not recommend staff salary levels, proved to be somewhat difficult for project sponsors, and for CPNP Advisory Committee Members who are requesting salary ranges for staff positions.
- Budget planning is hampered by the difficulty of estimating participation rates over the coming three years. This has a large impact on program materials costs, especially for food supplements.
- The Individual Project Questionnaire was a useful tool for review at renewal time. It should be provided annually to the Program Consultant from external sources with any final corrections rather than directly by project staff. This would facilitate project monitoring.
- Data currently generated from the national evaluation does not provide sufficient or qualitative information for monitoring purposes. Individual project evaluation process requires enhancement.
- Year-end cash-flow was helpful in establishing budget for next 3 years.
- Project staff need to develop an effective strategy to reach vulnerable, pregnant women earlier in their pregnancies.

RECOMMENDATIONS FOR NEXT RENEWAL:

- Provide more advance planning time to allow for the completion of several tasks, including:
  a) opportunities for training of administrative lead position with others from across the country on forms, process, how to plan the workload, etc.;
  b) development of flexible data collection tools by central/regional office;
  c) orientation of Evaluation Specialist to Renewal Process; and,
  d) inclusion of qualitative information in the evaluation of CPNP.
- Schedule renewal to allow time for year-end cashflow to be used for budget planning needs.
- Plan to include community input in renewal decisions.
- At regional level, ensure team approach for tool development, project assessment and development of recommendations.
- Clarify policy regarding the maximum funding for projects -- Can projects exceed an allocation of $500,000 per year?

EXECUTIVE SUMMARY: RENEWAL OF CAPC IN SASKATCHEWAN

PROVINCIAL CONTEXT:

- Saskatchewan's CAPC Advisory Committee (Joint Management Committee) opted to spread resources over a large geographical area, resulting in a larger number of smaller projects to serve families in small, isolated communities in northern Saskatchewan and rural communities. Approximately 60 % of Saskatchewan's population live outside of its two major cities. Families living in small, isolated communities in northern Saskatchewan have very high needs and minimal services. Saskatchewan devoted a minimum of 65% of to programs for off-reserve First Nations, Metis, Aboriginal and northern children.
- In order to assist communities, the CAPC Advisory Committee, which includes representatives from the federal government, provincial government, First Nations, Metis Nations and non-government organizations, selected three provincial organizations to sponsor community development coordinator positions.
- The Saskatchewan Evaluation Subcommittee is comprised of the 2 Health Canada Program Consultants, three community developers (representing First Nation, Metis Nations, and non-government organizations), and a Research Officer from the Saskatchewan Institute on the Prevention of Handicaps. Linkages to the Advisory Committee are made through the program consultants and the Community Developers as they are ex-officio members working in organizations that have representatives on the Advisory Committee.
- There are 37 CAPC projects in Saskatchewan.

REGIONAL RENEWAL PROCESS:

- The Saskatchewan Evaluation Subcommittee developed a Saskatchewan specific renewal application based on the national CAPC framework. The renewal application was designed to accommodate a roll-up of information for the purpose of identifying themes and program issues, and for identifying future strategic direction for CAPC in Saskatchewan.
- Project sponsors attended orientation sessions to review the renewal applications.
- An assessment form was developed and used to assess each renewal application.
- Of the 37 CAPC projects, 22 were renewed unconditionally, 4 were not renewed, and 11 were renewed with conditions. One new project started in April 2000.

WHAT WAS LEARNED:

Framework and operational process:

- The renewal process provided a comprehensive and consistent approach. The tools developed were effective for gathering all the necessary information and making funding recommendations.
- Program Consultants and sponsors indicated that the renewal application provided clear direction for collecting the required information. The orientation sessions were well-received by CAPC projects.

  The qualitative information from parent participants was useful to Program Consultants for making program adjustments and Program Consultants were encouraged by the extent that parents valued the staff and activities.

Policy and program issues:

- Estimates indicate that families are experiencing high levels of poverty, food shortages and inadequate housing. Many families were headed by single or teen parents. Other risk factors identified include: Fetal Alcohol Syndrome and Fetal Alcohol Effect, abuse, violence, addictions and low literacy.
- Almost half of the CAPC projects have the equivalent of one full-time staff person or less. High participant-to-staff ratios, the demands of working with families with high needs, and dividing time between program delivery and administration put staff at risk for burnout, especially as project attendance grows.
- Organizations without core funding for administrative and supervisory functions often have multiple funders and are stressed by the ongoing cycle of proposal writing and financial reporting for each funder.
- Project sponsors, especially those funded for over four years, require incremental budget increases to provide salary increases and offset increased expenditures caused by growth in participation levels and inflation.
- The usual issues and challenges faced by all projects are heightened for projects in the isolated and remote areas of northern Saskatchewan.

RECOMMENDATIONS FOR NEXT RENEWAL:

- Start the process sooner in order to develop and have the renewal tools approved by the Joint Management Committee and to coordinate orientation to Program Consultants and sponsors.

ACTIONS TO BE TAKEN BY REGION

- Reallocate funding from the projects that are not renewed to increase provincial training and evaluation allocations and budgets of existing projects.
- Develop and implement a three-year training plan giving special consideration for northern projects.
- Continue to explore ways to develop data collection methods specific to Saskatchewan's issues.
- Explore guidelines regarding the safe transportation of children, childcare provision and security checks for staff and volunteers.
- Maintain a commitment to strengthen links among federal, provincial, First Nations, Metis, Aboriginal and community-based organizations and programs, especially those related to early childhood development initiatives.
- Ensure that provincial priorities outlined in the protocol agreement continue to be met.
- Identify priorities where additional funding in the future would best benefit projects and communities.

EXECUTIVE SUMMARY: RENEWAL OF CPNP IN SASKATCHEWAN

PROVINCIAL CONTEXT:

- Aboriginal people are a priority for CPNP in Saskatchewan.
- The CPNP Sub-Committees (of the CAPC Advisory Committee), which includes representation from Health Canada, the province, from a First Nations Tribal Council, from the Metis Nation, and two representatives from various community organisations, oversees the CPNP program in Saskatchewan.
- Saskatchewan CPNP Sub-Committee was actively involved in the renewal process, priority setting, and recommendation decisions.
- At the time of Renewal there were 8 CPNP projects, spanning the province.

THE RENEWAL PROCESS:

- The national framework was enhanced by the Saskatchewan CPNP Sub-Committee's undertaking of a provincial Needs Assessment. The Needs Assessment results gave a provincial snapshot of demographic, social, economic and health indicators that provided information and evidence on the relative needs for CPNP projects across health regions in Saskatchewan.
- In addition, Health Canada staff reviewed project files, Individual Project Questionnaire data, and met with sponsors, project staff and community stakeholders to assess the individual project's effectiveness and the relationship to the Health District. A project focus group testing report from 1999 was also incorporated into the renewal process.
- Of the 7 CPNP projects, 6 were renewed unconditionally and 1 was not renewed.

WHAT WAS LEARNED:

Framework and operational process:

- Site visits, Individual Project Questionnaire data and focus group testing are effective in assessing community response to projects.
- Long-term involvement with CPNP by both Health Canada staff, and CPNP Sub-Committee members strengthened ability to look back over the years of community and project capacity building, rather than solely relying on projects' current successes and challenges.
- Strong partnership with Health Districts in Saskatchewan is essential for involving community health professionals (e.g., nutritionists) in CPNP programming.
- Food security, the incidences of high birth weights relating to gestational diabetes, and substance abuse are major issues in Saskatchewan.

Policy and program issues:

- Much of our CPNP programming is 100% CPNP funded. We are working toward more cost sharing with the Health Districts.
- Training and networking opportunities for Saskatchewan CPNP projects have been a high priority for Health Canada, the CPNP Sub-Committee, sponsors, and project staff.

- Cultural sensitivity to the needs of the Aboriginal communities, and where possible, Aboriginal sponsorship, is a strength of our program in Saskatchewan and is supported by the warm hearted, flexible approach so valued within CPNP.
- More policy direction on population health within CPNP would be welcome.

RECOMMENDATIONS FOR NEXT RENEWAL:

- CPNP Individual Project Questionnaire data are required by projects to complete renewal applications.
- Examine how CPNP has partnered with CAPC and Aboriginal Head Start Services sites in their communities.
- Strengthen Health Canada and CPNP leadership and influence on social policy as they relate to gender-based analysis and reproductive health.
- Place more emphasis on work plans as project planning tools on an annual basis, instead of only at renewal time.
- Continue the strong support from the CPNP National Office for the Regional Program Consultants.

ACTIONS TO BE TAKEN:

- Continue the involvement and networking among Saskatchewan CPNP projects, Health Districts, Regional inter-sectoral committees, and other Health Canada Children's Programs such as Aboriginal Head Start and CAPC.
- Future training and networking opportunities for Saskatchewan CPNP projects could include discussion and analysis of population health and the Women's Health Strategy.
- Expansion into proposed additional communities will necessitate orientation and could include mentoring by successful experienced project sites
- A "Northern Nutritionist" pilot is being discussed with Northern Saskatchewan Health Districts as a way to address the distinct need of northern and isolated participants as evidenced in the renewal submissions.

EXECUTIVE SUMMARY: RENEWAL IN ALBERTA

PROVINCIAL CONTEXT:

- The Alberta Federal Provincial Joint Management Committee (JMC) provides overall direction to CAPC and CPNP programs. Members represent lead provincial departments (including Alberta Health and Wellness, Alberta Learning, Ministry for Children Services, Municipalities and Rural representation) and Health Canada.
- CAPC priorities were teen parents and Aboriginal children and families. CAPC and CPNP projects include a variety of delivery models from professional, a combination of professional and paraprofessional, to entirely paraprofessional.
- There were 28 CAPC projects and 21 CPNP projects, which range from Head Start programs to community development models, parenting support and parent child interaction through home visiting and group programs.

THE RENEWAL PROCESS:

- The National Renewal Frameworks were reviewed, adapted and enhanced by the Health Canada Childhood and Youth Team in consultation with the JMC.
- Additional sub-questions were added to strengthen the assessment phase.
- The Renewal processes for CAPC and CPNP were combined, and the Sources of Information were adapted to reflect the situation in Alberta.
- The process involved independent reviews, written assessments and several consultation review meetings dealing with program content and financial accountability and the four National Renewal Questions.
- Of the 28 CAPC projects, 25 were renewed unconditionally, 1 was not renewed, and 2 were renewed with conditions. For the 21 CPNP projects, 15 were renewed unconditionally, 2 were not renewed and 4 were renewed with conditions.

WHAT WAS LEARNED:

Framework and operational process:

- The renewal period provided an opportunity for CAPC and CPNP project staff, advisory committees, sponsors and Health Canada to reflect on program strengths and best practices as well as to identify areas for improvement.
- Health Canada undertook an analysis of trends and themes from renewal which will provide a basis to continue to support, maintain and enhance the quality of CAPC and CPNP projects over the next renewal period.
- A comprehensive and integrated team approach was implemented regionally to achieve renewal goals and outcomes to ensure there would be timely notice provided to the projects on renewal decisions.
- It was very important to have all team members involved with clear time lines and areas of responsibilities outlined as the task was enormous, especially having the CAPC and CPNP renewal at the same time.

Policy and program issues:

- Strong, visionary and skilled Program Coordinators are the primary key to project success. Staff retention and low wages are an issue and staff supervision is critical

and needs to be well supported.

- Stable, accountable, well resourced and supportive sponsors with existing strong organizational infrastructures result in successful implementation.
- Grassroots community development strategies in the rural and remote areas builds community ownership.
- Multi-site and satellite programs enhance the impact in rural and remote communities. In remote locations the degree of parent involvement is site dependent especially where transportation and child care are barriers. Although most rural/remote sites have deliberately not targeted programs toward any particular at-risk population in an effort to reduce stigma, these sites are still reaching primarily high-risk families along with others. The move to home visiting and outreach, especially in the rural/remote locations, has increased the capacity of sites to reach the highest risk families.
- Healthy partnerships with the local Regional Health Authorities, Children's Authorities, other service providers and systems as well as strong relationships with community leaders predict CAPC/CPNP site success and are critical to sustainability and impact.
- Most sites understand and implement the CAPC and CPNP guiding principles from program development, implementation and evaluation to strategic planning and board recruitment. "Pregnant Women and Babies First/Children First and Supporting Families" are the foundational principles. "Flexibility" is a key principle in the development and implementation of successful programming. The "Community Based" principle requires organizational maturity and resources. Successful "Partnerships" require dedicated time and resources to be established, nurtured and maintained.

RECOMMENDATIONS FOR NEXT RENEWAL:

- Start the renewal process early, and keep it simple.
- Keep projects informed of the process.
- Use data from existing sources to evaluate projects, and strengthen outcome evaluation.
- Work as a team.
- Continue to have National Office develop the framework in consultation with the regions but allow for regional adaptation.
- Use renewal as a further opportunity for reflection and project strengthening.

ACTIONS TO BE TAKEN BY REGION:

- Identify effective strategies to recruit, retain and support CPNP/CAPC staff, especially for the rural and isolated projects. Have this information available to sponsoring organizations and work collectively with the project sponsors to ensure personnel practices facilitate the recruitment and retention of staff.

- Recognize the pivotal role of the Program Coordinators in the success of the projects through training opportunities, mentoring opportunities and other incentives.
- Develop a comprehensive training strategy, including a funding strategy, to establish consistent baseline knowledge amongst all CPNP/CAPC program staff.
- Provide enhanced Health Canada support for projects that struggle with issues such as program reporting, accountability practices, board development and

programming issues.

- Provide enhanced funding to support program evaluation and outcome measurement work in all project sites.
- Support research that focuses on documenting and understanding how and why certain CPNP/CAPC programs and strategies are successful especially within sites that serve primarily Aboriginal and Metis communities. Conduct research to identify and examine the characteristics of effective partnering by Aboriginal CAPC/CPNP projects, and determine how partnering can best be supported and nurtured in these sites.
- Work with the project sponsors to establish a provincial network for the CPNP/CAPC projects.
- Strengthen the relationships between CPNP/CAPC sites and local Regional Health Authorities and Children's Authorities; provide training and support CPNP/CAPC staff in their partnership work at the local level.
- Establish any future CPNP and CAPC projects by building on existing organizational infrastructure and community partnerships.

EXECUTIVE SUMMARY: RENEWAL IN NORTHWEST TERRITORIES AND NUNAVUT

TERRITORIAL CONTEXT:

- It the time of Renewal, the region included Northwest Territories and Nunavut.
- The NWT Joint Management Committee (JMC) was comprised of the Alberta/NWT Regional Director and Childhood and Youth Manager for HPPB (now PPHB), and the Assistant Deputy Ministers for the NWT Departments of Health and Education, and Culture and Employment. A Joint Management Committee Working Group provided further analysis and recommendations on project renewal.
- The Nunavut JMC included the Assistant Deputy Minister of Health and Social Services and the Director of Early Childhood Education and School Services.
- Regional priorities for both NWT and Nunavut are: to enhance project capacity through mentoring and training, to identify program challenges and problem solving approaches, and to focus on reaching the target population more effectively.
- There were 7 CAPC projects (6 in NWT and 1 in Nunavut), and 8 CPNP projects (5 in NWT and 3 in Nunavut) reviewed during the 1999-2000 Renewal Process.

THE RENEWAL PROCESS:

- Both the NWT and the Nunavut JMCs were actively involved in the renewal process and were responsible for making the final decisions.
- The Renewal process involved a comprehensive and integrated team approach. The core Renewal Team was comprised of two Program Consultants for NWT/Nunavut, a Team Leader and the Grants and Contribution Advisor. Broader Renewal issues were addressed with CAPC and CPNP Leads from the entire Alberta/NWT/Nunavut Region.
- Each project's renewal proposal was reviewed and assessed by team members individually and as a team. Several team meetings provided a forum to critically discuss and examine each project's program content and financial accountability based on the National Renewal Questions.
- Of the 7 CAPC projects, 5 were renewed unconditionally, 1 was not renewed, and 1 was renewed with conditions. For the 8 CPNP projects, 5 were renewed unconditionally and 3 were renewed with conditions.

WHAT WAS LEARNED:

Framework and operational process:

- The integrated team approach was an effective assessment method.

Policy and program issues for the NWT:

- Practical, accessible and experiential training in early childhood education is critical for program improvement, and developmental and ongoing sustainability.
- Increased awareness of the benefits resulting from existing early childhood programs has resulted in increased demand for similar programming for children.
- More networking opportunities (in-person and using new technology) are needed.

- The majority of NWT projects, identified strategic planning, based on evaluation and community needs, as an important direction.
- Increased funding is required to serve client needs better and to compensate staff with incremental salary increases and improved benefits over time.
- The Government of the NWT and Health Canada are currently discussing a "one-window approach" to program delivery. The results of these consultations could change the regional program delivery mechanisms for CAPC and CPNP.

Policy and program issues for Nunavut:

- Transfer of program delivery from the PPHB Alberta/NWT to Ontario/Nunavut coincides with a commitment to establishing a more integrated approach to program delivery for the Territories. This will have an impact on policy and program issues for Nunavut (e.g. scope of the JMC).
- The devolution of responsibilities from Regional Health and Education Boards to the community is significant since many project sponsors were regional or district education boards.
- Changes and shifts within the Nunavut Government will need to be followed.

RECOMMENDATIONS FOR NEXT RENEWAL:

- Assess the capacity of projects to manage the renewal process and start early.
- Provide projects with the necessary feedback on the process.
- Use existing information on file as much as possible.
- Maintain and strengthen the team approach.
- Support the National Office's work to develop a national framework in consultation with the Regions.

ACTIONS TO BE TAKEN BY REGION:

NWT

Working relationships and collaboration between the JMC and its Working Group will be strengthened to support CAPC and CPNP projects and assist them in fulfilling the requirements on which their renewal was based. This includes:

- applying concentrated support for those projects with a one year renewal;
- supporting mentoring initiatives;
- improving access to resources and support; and
- strengthening the network between and among projects in the NWT.

NUNAVUT

Not applicable due to transfer to Ontario Region.

EXECUTIVE SUMMARY: RENEWAL IN BRITISH COLUMBIA

PROVINCIAL CONTEXT:

- The recently restructured Joint Management Committee (JMC) provides a consultative mechanism for the communication of directions, priorities and policies. Its members include representatives from the provincial Ministry for Children and Families and Health Canada.
- The CAPC Working Group (comprised of regional, community, health, Aboriginal, and CAPC coalition representatives) and the CPNP Standing Committee (composed of community groups, provincial government, provincial associations, the Aboriginal Health Council and Medical Services Branch), oversee the direct operation of CAPC and CPNP, and provide information/consultation and make recommendations to the JMC.
- At the time of renewal there were 23 CAPC funded coalitions, and 36 CPNP funded projects (13 fully funded and 23 enhanced projects that receive their core funding from other funders). In addition, there were 23 short term projects and three newly-funded projects (1999/2000) that were not required to submit renewal applications.

THE RENEWAL PROCESS:

CAPC:

- A three member internal PPHB committee reviewed all CAPC workplans, recent evaluation reports and project files using a tool developed by the policy and evaluation unit evaluator (the Steinberg Tool). Feedback was compiled for each CAPC coalition to consider during the renewal application process.
- Several common themes were identified during the analysis, including: the need to strengthen meaningful Aboriginal participation, meaningful participant involvement, networking, developing partnerships, workplanning (e.g. goal writing and setting objectives) and applying a population health approach. A series of regional workshops were held to address these themes and support CAPC, CPNP and AHS projects during renewal.

CPNP:

- Planning for the CPNP renewal process was complicated by the fact that decisions about new contribution dollars also had to be made. In anticipation of new CPNP dollars the CPNP Standing Committee identified priority funding issues and developed a funding policy during the spring and summer of 1999 . The CPNP Accountability framework for the 'new' CPNP dollars was a useful reference during the development of the policy.
- CPNP Renewal was further complicated by the 1998 process of provincial decentralization of funding and management for the provincially funded, CPNP enhanced, Pregnancy Outreach Programs (POPs).
- Of the 23 CAPC projects, 20 were renewed unconditionally and 3 were renewed with conditions. For the 36 CPNP projects, 33 were renewed unconditionally and 3 were renewed with conditions.

WHAT WAS LEARNED:

Policy and program issues for CAPC in British Columbia:

- The 'Children First' principle is not strongly reflected in project activities; projects need to focus more on enriching activities for children.
- The CAPC protocol agreement with BC requires 25% Aboriginal participation but projects have been challenged in the area of meaningful Aboriginal involvement.
- Organizations are struggling with reaching the at risk target group and need to involve participants more meaningfully at all levels of their projects.
- Most of the projects are addressing social/cultural/geographic isolation by providing an opportunity for parents of young children to come together.
- CAPC coalitions require a 4% funding increase.

RECOMMENDATIONS FOR NEXT RENEWAL:

- The renewal process needs to be further streamlined.
- The approach used for the 2000 Renewal, involving preliminary internal assessments, feedback and provision of renewal workshops should be continued. Projects found the workshops to be informative, useful and a valuable opportunity for networking.

ACTIONS TO BE TAKEN BY REGION:

- Strengthen the CAPC principle of "Children First" with more focus on enriching activities for children and creating a balance of activities directed at children, families and communities.
- Establish two community based funding initiatives in CAPC and CPNP focussing on community mobilization and capacity building.
- Revise guidelines to a) reflect a population health approach for all Pregnancy Outreach Projects; and b) apply the principles of community development to targeted solicitations and the development of new projects.
- Assist projects in the development of workplans for the second year of renewal with emphasis on regional priorities and linking community issues/needs to project objectives and activities.
- Increase integration between Health Canada funded programs and those of the Ministry for Children and Families.
- Strengthen Aboriginal involvement and Aboriginal organizational capacity.

EXECUTIVE SUMMARY: RENEWAL IN THE YUKON

TERRITORIAL CONTEXT:

- Renewal decisions are made by a Regional Management Committee for CPNP and a Joint Management Committee for CAPC, both with representatives from the territorial government, public health, First Nations organizations, and the Federal Government.
- At the time of renewal there were 3 ongoing CAPC projects, 3 ongoing CPNP projects, and 1 integrated CAPC /CPNP project in Watson Lake. In addition, CPNP had a number of small, one year projects which were regional in nature and served to improve the capacity of the projects and communities.

THE RENEWAL PROCESS:

- At the time of renewal all Yukon projects had been running for a number of years and were stable and well organized. The largest difficulty faced by each site was the lack of cost of living increases that led to turn over in staff. In the Yukon where the employment pool is limited, this threatens the integrity and continuation of the program. The priorities set by the committees for the programs were: increased support for maintenance of current long term projects, enhancement of current projects to serve more participants in a more comprehensive way, and improved regional support systems to increase long term outcomes of programs.
- All 4 CAPC and 4 CPNP projects were renewed unconditionally.

WHAT WAS LEARNED:

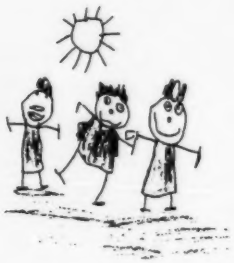
Framework and operational process:

- The renewal process needs to be further streamlined.

ACTIONS TO BE TAKEN BY THE YUKON:

- Workshops on population health theory and practice will be held to introduce the concepts and concrete ways to integrate them into current programs.
- Consistent messages will be provided to programs to ensure regular contact and to inform discussions and decisions at a regional level.
- The active and meaningful involvement of participants in the planning, development and operation of current projects will be encouraged.
- Project staff training opportunities will be improved.
- Project exchange visits will be encouraged to allow weaker projects to learn from stronger ones.

APPENDIX A



CAPC RENEWAL FRAMEWORK
2000

Note: Program Consultants will answer the National Renewal Questions using information from a variety of sources of information including: Application for Renewal, Health Canada project files, Project evaluations, regional evaluations and site visits.

National Renewal Questions/sub-questions (consistent across Canada)
A) Effectiveness of project management Accountability of sponsor - Has the sponsor submitted required reports to program consultant on time and adequately completed - Is the sponsor acting in a financially responsible manner and disbursing funds on activities identified in the current Contribution Agreement? - Does the sponsor have an audit or financial review conducted annually? Is the coalition or board of directors stable? - Does the board hold regular and open meetings (participant attending)? Participant Involvement - Participants are involved in the ongoing development and management of the project either through participation on the Board/Advisory Committee or through a structured consultation mechanism. Supervision & Training - Does the project have an appropriate training and supervision plan?
B) Is the project reaching the target population (children living in conditions of risk)? ❒ living in low income families ❒ living in teenage parent families ❒ are neglected or abused ❒ at risk of or who have developmental delays, social, emotional or behavioural problems ❒ may be disadvantaged as a result of adverse social or economic circumstances, including; - Inuit, Metis and off-reserve Aboriginal - children in lone parent families - children living in remote or isolated communities -refugee children ❒ other significant condition of risk
C) Effectiveness of project - What were the project's main objectives? Have they changed? Why? - Specific interventions or services offered? - Project attendance - Lessons learned
D) Outcomes (related to CAPC Guiding Principles?) 1 - Improved health and development for children **(Children First)** 2 - Increased support and information for parents/caregivers **(Strengthening and Supporting Families)** 3 - Increased access to services for target populations **(Equity and accessibility)** 4 - More partnerships among families, communities, governments and service providers **(Partnerships)** 5 - Increased community capacity **(Community based)** 6 - Projects respond to growth and change; participant needs; community needs. **(Flexibility)**

CPNP RENEWAL FRAMEWORK
April 2000

Note: Program Consultants will answer the National Renewal Questions using information from a variety of sources of information including: Application for Renewal, Health Canada project files, IPQ/ ICQ data and site visits.

National Renewal Questions/sub-questions (consistent across Canada)
A) Effectiveness of project management **Accountability of sponsor** - **Has the sponsor submitted required reports to program consultant on time and adequately completed** - **Is the sponsor acting in a financially responsible manner and disbursing funds on activities identified in the current Contribution Agreement?** - **Does the sponsor have an audit or financial review conducted annually?** **Is the coalition or board of directors stable?** - **Does the board hold regular and open meetings (participant attending)?** **Participant Involvement** - **Participants are involved in the ongoing development and management of the project either through participation on the Board/Advisory Committee or through a structured consultation mechanism.** **Training and Supervision** - **Does the project have an appropriate training and supervision plan?**
B) Is the project reaching the CPNP target population? ❒ **pregnant adolescents** ❒ **pregnant women living in poverty** ❒ **pregnant women who abuse alcohol or other substances** ❒ **pregnant women living in violent situations** ❒ **pregnant Inuit, Metis and off-reserve Aboriginal women** ❒ **pregnant women living in isolation or not having access to services** ❒ **women diagnosed with gestational diabetes** **If none of the above:** ❒ **other significant condition of risk to healthy pregnancy outcome**
C) Effectiveness of project - **What were the project's main objectives? Have they changed? Why?** - **Specific interventions or services offered?** - **Project attendance** - **Lessons learned**
D) Effectiveness at achieving intended outcomes - **healthy birth weights** - **improved health of pregnant women** - **more partnership** - **more mothers breastfeeding and for longer periods** - **building community capacity**